

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017331

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3894

FILED APR 25 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>MURRAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST Louis</u>		Length of stay in lb <u>2 1/2 wks</u>	c. CITY OR TOWN <u>MURRAY</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. #6</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Arthur Thompson</u>		4. DATE OF DEATH Month Day Year <u>4 12 62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-13-82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Heavy Equipment</u>	11. BIRTHPLACE (City and state or country) <u>BRAIDWOOD, ILL.</u>
13a. FATHER'S NAME <u>Robert Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH JANE BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>Susie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		17. INFORMANT Address <u>7 Merlin Thompson Collinsville, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Uremia - hyperkalemia</u> DUE TO (c) <u>acute hemorrhage and chronic glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>2 weeks</u> <u>2-4 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>Saenue's embolus; splenic infarctini</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>592x</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1 Nov 57</u> to <u>12 April 62</u> and last saw him alive on <u>12 April 62</u> Death occurred at <u>11:15</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>James F. Ticker, M.D.</u>	
22b. ADDRESS <u>St Louis 80, Missouri</u>		22c. DATE SIGNED <u>13 April 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St John's Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Collinsville ILL</u>
24. FUNERAL DIRECTOR <u>Heer</u>		25. DATE RECD. BY LOCAL REG. <u>APR 14 1962</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold Prokoff

Licensed Embalmer No. 4356

P. O. Address Scraper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.